SWAZILAND

ANNUAL MEDICAL AND SANITARY REPORT

FOR THE YEAR ENDED

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I. ADMINISTRATION.

(*a*) Staff.

EUROPEAN.

1 Principal Medical Officer.
2 Medical Officers.
2 Doctors (subsidized).
3 Hospital Assistants and Dispensers.
2 Female Nurses.
2 Female Nurses (subsidized).

One Medical Officer was appointed during the year and one died. One Nurse was appointed.

NATIVE.

7 Male Nurses.
5 Female Nurses.
1 Cook.
2 Laundresses.
3 Male Orderlies.

One Male Nurse, one Cook, two Female Nurses and a Laundress were appointed during the year.

(*b*) Proclamations affecting Public Health enacted during the Year.

Nil.

(*c*) Financial.

The revenue earned by the Department was £142 7s. 6d., and the expenditure was £9,764. The relation of medical expenditure to the whole revenue of the Territory was as 1 to 10·16.

Particulars of expenditure on new medical buildings, equipment, etc., are as follows:—

Mbabane Hospital and equipment	£6,289
Venereal Clinics at Mbabane, Bremersdorp and Goedgegun	£1,213
Non-European Nurses' Quarters at Hlatikulu ...	£155

II. PUBLIC HEALTH.

(*a*) General Remarks.

The health of the whole of Swaziland was probably better than the average, but it was marred by outbreaks of enteric in several parts of the country and by an epidemic of whooping cough amongst native children in the northern half of the Territory.

(i) GENERAL DISEASES.

The report on these varies little from year to year; all one can say is that epilepsy and asthma are extraordinarily prevalent amongst the natives, and in the variable climate of the western highlands rheumatism and chest complaints are common.

A fair number of cases of pneumonia appeár here, but the disease is not of a virulent type.

Scurvy occurs especially at the end of winter and beginning of spring. when green food is scarce, and associated with it one occasionally meets a peculiar swollen, blistered and bleeding condition of the mucous membrane of the tongue, gums and cheek, in which the patient is unable to talk or swallow and seems *in extremis*, and yet recovers with amazing rapidity when a little fresh orange juice is persistently dropped into the mouth. A few cases which from the condition of the skin and of the mouth must be classed as pellagra occur every year, but one never sees the condition in an aggravated form. There is always a lot of gastro-intestinal diseases amongst children, especially during the hot day spells in the summer. Our experience at Mbabane is that this constitutes by far the greatest single cause of out-patient attendances. Apart from being one of the commonest ailments it is one in which the native herbalist or witch-doctor seems to take little interest, probably because he feels that the effects of his charms and awe-inspiring ritual are wasted on patients who are not of an age to become responsive to the psychic atmosphere he aims at creating, consequently the native mother is more inclined to bring her child to the European doctor than to seek the help of the native one. Scabies is very prevalent amongst the native children, although I think it is not as bad as it was some years ago. The mothers will come long distances to get sulphur treatment to cure the condition, but they seldom evince an equal belief in the efficacy of cleanliness as a preventive.

Goitre is fairly common, and the most remarkable fact about this disease is its tendency to restrict itself largely to certain well-defined areas. I have never seen a case of exophthalmic goitre in a native.

(ii) COMMUNICABLE DISEASES.

Mosquito- or insect-borne:

The only one is malaria, and one compensation for an abnormally dry season and consequent failure of crops was an almost complete absence of this disease during the year.

(iii) INFECTIOUS DISEASES.

Enteric was a source of great worry in certain areas.

Around Bremersdorp there was a very sharp outbreak in the first three months of the year, and at Mahamba, in the Hlatikulu District, cases cropped up during the whole year; in addition, the Medical Officer, Hlatikulu, reports that sporadic cases occurred all over his district.

Preventive inoculation was done on a considerable scale by the Mission Hospital at Bremersdorp and Mahamba with vaccine supplied by the Administration.

A few cases of amoebic dysentery occur every year, but this disease is not a serious factor.

I think there can be no doubt that tuberculosis is increasing slowly amongst the natives. The Medical Officer at Hlatikulu comments on the large number of gland cases he sees amongst children and the medical missionaries on the number of bone and joint cases they see.

There is a certain amount of leprosy in certain areas. Fortunately, practically all the cases belong to the nerve type, and spontaneous cure in the course of time is common.

(iv) HELMINTHIC DISEASES.

Taeniasis is very common, and one frequently sees cases of ascariasis.

Schistosmiasis haemtobium is, and will be, frequently found all over the country below the 3,000 feet level. Infected natives come fairly freely for injections of antimony tartrate, but it is more difficult to persuade them to complete a course of treatment than to complete a course of anti-syphilitic treatment, any attempt to explain the life history of the helminth causing the disease, and so to point out a means of preventing it, is met with blank incredulity.

Fortunately, ankylostomiasis is unknown in the Territory.

VITAL STATISTICS.

1.—*General Native Population.*

Native (estimated)	120,000
Eurafrican (estimated)	660
Indian (estimated)	10

2.—*General European Population* (estimated) ... 2,650

Total European births	77
Total European deaths	21
Percentage of deaths to total residents	0·79

3.—*European Officials.*

Table showing the Sick, Invaliding, and Death Rates of European Officials.

	1929	1930	1931
Total number of officials resident	88	87	87
Average number resident	84	85	85
Total number on sick leave	17	12	10
Total number of days of sick leave granted	628	288	136
Average daily number on sick list	1·7	0·8	0·48
Percentage of sick to average number resident	2·02	0·94	0·56
Average number of days on sick list for each patient	36·9	24	13·6
Average sick time to each resident	7·47	3·39	1·6
Total number invalided	Nil	Nil	Nil
Percentage of invaliding to total residents	Nil	Nil	Nil
Total deaths	Nil	1	1
Percentage of deaths to total residents	Nil	1·15	1·15
Percentage of deaths to total average number resident	Nil	1·17	1·17
Number of cases of sickness contracted away from residence	2	Nil	Nil

4.—*Native Officials.*

Table showing the Sick, Invaliding, and Death Rates of Native Officials.

	1929	1930	1931
Total number of residents	140	151	150
Average number resident	130	145	142
Total number on sick leave	50	3	3
Total number of days of sick leave granted	610	59	212
Average daily number on sick leave	1·67	0·16	0·58
Percentage of sick to average number resident	1·28	0·11	0·38
Average number of days sick leave for each patient	12·20	19·60	70·6
Average sick time to each resident	4·69	0·40	1·5
Total number invalided	Nil	Nil	Nil
Percentage of invalidings to total residents	Nil	Nil	Nil
Total deaths	Nil	Nil	Nil
Percentage of deaths to total residents	Nil	Nil	Nil
Percentage of deaths to average number resident	Nil	Nil	Nil
Number of cases of sickness contracted away from residence	Nil	Nil	Nil

III. HYGIENE AND SANITATION.

(*a*) General Review of Work Done and Progress Made.

MOSQUITO- AND INSECT-BORNE DISEASES.

Malaria is the only one. As the native population is so very scattered all over the country in small kraals, effective measures of drainage or of oiling or otherwise dealing with pools, undertaken on such a scale as to benefit the whole area liable to infection, would be so costly as to make them entirely prohibitive. In the townships something might be done, but as Mbabane and Hlatikulu are practically untouched by malaria and Goedgegun is fairly free, Bremersdorp is the only one in which such measures should be undertaken. This village is situated in an area liable to epidemic outbreaks, and something might be done there to deal with the breeding places of the infecting mosquitoes.

EPIDEMIC DISEASES.

Plague, cholera, typhus and relapsing fever do not occur. The incidence of the enteric group of diseases could be diminished considerably in the townships if adequate supplies of pure water were made available. This applies especially to Bremersdorp, where the disease was so prevalent for some months. Such measures are not feasible in the native areas under present conditions, but, fortunately, use can be made of the extraordinary faith the native has in any form of inoculation, either as a cure or as a preventive for any form of disease. Although they will make no attempt to get a pure water supply, or to erect sanitary conveniences, or to reduce the plague of flies at the kraal, they will cheerfully submit to inoculation, and advantage has been fully taken of this by both the Government Medical Officers and the Medical Missionaries in dealing with outbreaks of enteric.

No case of small-pox, either in the virulent form or in the milder form of "Amaas," has been reported for some years. As it is now seven or eight years since general vaccination was carried out, it is about time this was done again.

HELMINTHIC DISEASES.

It is hard to convince natives that measly pork is the cause of tape-worm, and even when convinced they will take no precautions. The presence of a tape-worm worries them very little, while they so seldom get a chance of eating meat of any kind that when the kraal pig is killed they will not refrain from eating the flesh; also such a thing as feeding domestic animals is unheard of amongst them, so the pigs are never kept in sties, but are allowed to scavenge around the kraal and are invariably infected with measles.

The remarks made about the control of the enteric group of diseases apply to the control of Schistosomiasis. The disease is especially prevalent in and around Bremersdorp, and the provision of a proper water supply in that township would eliminate a large percentage of the cases.

(2) General Measures of Sanitation.

The common means of dealing with sewage is the bucket one. The contents of the buckets are removed by prison labour and deposited in trenches at places pointed out by the Medical Officer. This takes place nightly. The system is in charge of Town Inspectors.

A few large buildings, such as hotels and a few of the large private houses, have septic tanks. The Medical Officer at Hlatikulu reports that towards the end of the year an attempt was made to introduce the bucket system into the Goedgegun township, where the sanitary arrangements have hitherto been deplorable. Outside the townships the system usually adopted by Europeans is to have deep pits suitably covered.

The natives make no attempt to erect sanitary conveniences. Refuse is collected, put in pits, and periodically burned.

WATER SUPPLIES.

The main source of the Mbabane supply is an open furrow four and a half miles long, which feeds a dam from which the unfiltered water is conveyed in pipes to part of the village. It is the common supply of drinking water for resident and visiting natives, and why there has been no epidemic of water-borne diseases amongst them is a mystery. The drinking supply of the European residents comes from springs which are suitably protected and cemented. These are bacteriologically tested at intervals. During the year one was found to be below the necessary standard and was closed. The water in the others is of excellent quality.

The condition of Bremersdorp in the matter of water supply is very serious. Medical Officers have reported most adversely on it on several occasions, public meetings have been held and all sorts of schemes for improvement suggested, but so far nothing has eventuated.

The series of abnormally dry seasons caused the complete drying up of the small reservoir which was constructed about ten years ago. For some years it was adequate for the few households which then comprised the village, but now, even if continually full, it would be inadequate for the needs of this greatly increased township. With the drying up of the reservoir the people have had to draw their water from the Umzimnene river, which is utterly unsuitable bacteriologically and, in addition, is probably more infested by Bilharzia than any other stream in the country. It is no wonder that epidemics of water-borne diseases are frequent and that practically all the children suffer from Schistosomiasis.

When we consider that Bremersdorp is now the largest town in the Territory, that it is the commercial capital, and that it is situated in the centre of a dense native population, the condition of its water supply is extremely unsatisfactory.[1]

Hlatikulu and Goedgegun are supplied from springs, and Medical Officer reports that the supply is good in quality but inadequate in quantity.

(3) School Hygiene.

It was unfortunate for progress in this line that Dr. Pilot died so soon after his appointment. It was his intention to attempt to introduce into the native schools some instruction on elementary hygiene, and to give the native school teachers a much better knowledge of the subject than they now possess and so enable them to impart this knowledge with greater authority to the children.

At present all that is attempted along this line by the Medical Department is a short series of lectures to the native school teachers assembled in conference.

In the large schools, specially many of those conducted by the Missionary Societies, the sanitary conditions are quite good and the authorities in charge of the schools are most solicitous concerning the general health and bodly welfare of the children.

Unfortunately, this applies to practically none of the smaller schools. The additional Medical Officer appointed during the year had considered it as part of his duty to attempt to remedy this, and his death was most unfortunate, as it is impossible for the present staff to attempt to carry on this work.

The establishment of the Swazi National School at Matapa has given the whole Territory an example of the general lines on which schools should be planned from the health as well as from the educational point of view, and the influence of this example cannot fail to expand from year. It is hoped that next year it may be possible to have a course of lectures on elementary physiology, hygiene, etc., at this institution.

(4) Labour Conditions.

Swaziland is essentially a pastoral and agricultural country; the only working mines are the tin mines, and other local employers of native labour are the ranches, a couple of cotton plantations, the European farmers and the Administration, while a few are employed by storekeepers, small building contractors, garage proprietors, blacksmiths, etc., and a fair number are employed in domestic service.

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(1) A scheme for providing a satisfactory water supply at Bremersdorp is at present receiving consideration.

The tin mines are situated in a healthy part of the country, and there is no underground work. Unfortunately, the severe fall in the price of tin has led to a great diminution in the number of natives employed in this way. Many of the natives now go to the Transvaal gold mines instead, where the conditions are not nearly so healthy.

The greatest employers of labour are the gold mines, and, after these, the coal and asbestos mines in the Union of South Africa. Over the conditions of labour, housing, etc., there, this Administration has no control. An attempt was made to prevent the extension of the minimum period of contract from six months to nine months in the case of the Swazis. The minimum period for nearly all other natives of South and East Africa is nine months.

Employment on the gold mines has led to a large and gradually increasing amount of disease in the Territory. The Medical Officer at Hlatikulu attributes 80 per cent. of the incapacity in adult natives to the after-effects of this class of work. There is not nearly the same percentage in the northern half of the Territory, probably largely because there has always been a larger demand for labour locally on the tin mines, ranches, farms, small gold mines, etc., and fewer natives went to work in the deep mines of the Transvaal.

Even though the natives are returned home as soon as signs of fibrosis of the lungs are detected, a moderate degree of this disability unfits them for hard work; consequently, they are unable to earn good money, are liable to become underfed, and the lung condition becomes tubercular. It is unfortunate that once a native has been returned from the mines as sick he considers he is quite unfit for any class of labour, and is inclined to loaf around the kraal, though in the early stages of fibrosis he is quite fit for ordinary out-of-door work.

The largest local employer of casual labour is now the Administration; it is chiefly in the form of road gangs. From the nature of their work it is impossible to provide permanent housing for them. They are accommodated in wood and iron hutments. They receive free medical attention and in malarial areas are supplied with free quinine in the autumn.

Practically all the employers of labour in the low veld provide their natives with free quinine.

There are no sugar estates or other enterprises requiring large collections of native employes in the low veld. There used to be a few cotton plantations, but the price of cotton has reached such a low figure that it barely pays the cost of the production, and its growth has been almost abandoned. If there were any works requiring the collection of large numbers of natives in compounds in the low veld, the malaria factor would be a very serious one, and if natives from non-endemic areas had to be introduced, the mortality amongst them would be very high.

As there are no industrial enterprises, the effects of a change from pastoral to industrial conditions are not seen.

Most employers of native labour allow their employees to put up their own housing accommodation, and this practically always takes the form of huts similar to those in their kraals. Whether this is a suitable and desirable state of affairs will be discussed in the chapter on housing.

(5) Housing and Town Planning.

The passing of the Urban Areas Regulations (High Commissioner's Notice No. 139 of 1930) set a standard for new buildings which the Advisory Boards, especially those of Mbabane and Bremersdorp, promptly set out to adhere to.

Trading stores of wood and iron are no longer allowed, and no buildings can be erected until the plans have been submitted to and approved by the Board.

The result of this can be seen in the vastly improved standard of the new buildings in both places. At the same time an energetic attempt has been made to maintain the streets in better condition. Ornamental trees have been planted, and in the case of Mbabane a flower garden has been established in the circus near the centre of the town.

The consequence of all this has been a vast improvement in the appearance of both places, and though both still have many old, unsightly buildings, no more of the same type will be erected in future.

Hlatikulu, too, has been improved, but the very scattered nature of the place, the smallness of the population, and the severe blow dealt to it by the general depression have prevented any improvement on a large scale being carried out.

HOUSING.

As far as Europeans are concerned the housing condition has improved very much in recent years, many excellent houses have been built in the various townships and on farms, but the poorer European classes, especially those on small holdings in the south of the Territory, or squatting on large farms belonging to others, live in abject hovels.

The houses provided for European officials are of a nature that would not be tolerated in any other country; many of them are built of unburned bricks, without damp-proof courses, the roofs leak, the doors and windows do not fit properly, and at Mbabane and Hlatikulu most of the European police live in wood and iron buildings, raised on wooden piles, and with wooden floors.

There is a continual draught from ill-fitting doors and windows and through the floors, and the buildings are icy cold in winter and unbearably hot in summer.

NATIVE HOUSING.

The first thing to remember is that so long as the native lives under native conditions there is no such thing as overcrowding.

The average number of inhabitants is probably about a dozen and enough huts for all are provided. These huts are bee-hive shaped and consist of a framework of thin, interlacing poles covered with a thin layer of grass thatch; the floor is a composition of ant-heap, cow-dung, etc., hammered and polished until almost as hard as cement and thoroughly impervious to damp. That there is a considerable amount of ventilation is shown by the amount of smoke that can be seen emerging from the thatch from the fire within.

No sunlight gets into them, but as they are used only as sleeping places and shelters from the rain, and as every possible minute of the daylight is spent in the open, this is not a great drawback.

A regrettable change for the worse takes place when the native begins to rise a little in the social scale and to imitate European housing conditions. He then puts up a small rectangular building of unburned brick or of wattle and daub; the walls are too low; the floor is of earth and cannot be kept clean, and is damp in wet weather. The only window is a small hole, often about a foot square, and almost invariably boarded over. This small building is divided into a living-room and a sleeping-room, both too small, and the inhabitants lie either on the damp earthen floor or on home-made wooden bedsteads with dirty bed clothing, under conditions far more liable to harbour biting insects than the polished, impervious floor of the grass hut and the sleeping-mat and blanket of the native.

Two other points in favour of the grass hut are: First, when the native, for any reason—often the occurrence of an unusual amount of sickness in the kraal—wishes to move, this is a simple matter. He simply constructs new huts in another place and burns down the old ones. And, second, as there is practically always a small fire in the sleeping-hut, there is a certain amount of smoke, and this keeps off mosquitoes.

I am quite convinced that the natives do not get malaria at their kraals; they get it in the early mornings or late afternoon in their cultivated lands, which are usually placed alongside a small stream, often at a considerably lower level than the kraal.

The fact of the whole matter is that the economic condition of the native is such that he cannot afford to build proper houses. Until he has attained such an economic condition and has learned how to build proper houses and live in them properly, he is much better off under his primitive tribal housing conditions.

The only places in which some attempt might be made to insist on the erection of proper houses are the "locations," the native areas in the townships.

If the Advisory Board insisted on a certain standard of native housing, as it does in the case of European housing, or, if a native Advisory Board were constituted to deal with this matter, and a standard consistent with the means of the average location native insisted on, a beginning might be made in educating the natives up to the understanding of better housing conditions.

A better alternative would be the erection of a certain number of model native houses in some of the locations, which could be let at a moderate rental to natives able to pay.

(6) Food in Relation to Health and Disease.

The only food inspection is that of the meat supplies for the butchers' shops in the townships.

The food of the native consists largely of maize meal, supplemented by some kaffir corn (a millet), pumpkins, some ground beans, milk, especially in the form of Amaas or sour milk, occasional goat or chicken flesh, and now and then a kraal pig is killed and eaten. It is invariably measly.

This diet contains too much maize, too little fresh vegetables, and too little protein material.

Consequently, there is always a certain amount of scurvy during the winter, and there is a small amount of pellagra.

There is no necessity for inspection of native foods, as, except in the case of the pig, the native will not touch it, unless it is sound and of good quality.

The native consumes practically no tinned foods; he cannot afford to buy them.

The necessary proteid could easily be supplied by the slaughter of some of the superfluous cattle, but, though the native areas are overstocked, and the quality of the stock is so poor that it would realise nothing in the market, the native resolutely refuses to slaughter any of it.

The number of his cattle is the measure of his standing in the community, and the only time they can be parted with is the time when they go in the form of "Lobolo," the purchase price of a bride.

(*b*) Measures taken to spread the knowledge of Hygiene and Sanitation.

(*c*) Training of Sanitary Personnel.

(*d*) Recommendations for future Work.

No measures are taken to spread the knowledge of hygiene and sanitation except the limited instruction given to native teachers.

The great difficulty is the fact that the raw native disbelieves or misinterprets such teaching, and even if he believes he seldom has the means or the energy and initiative to overcome the deadening influences of tribal customs, lifelong habits and economic disabilities.

In any case, it is quite impossible for the present staff to tackle this problem.

A certain amount of its time is taken up by routine work, medico-legal work and other unavoidable duties, and the whole of the rest is occupied with attempting to deal with actual illness, and it is only by proving the superiority of European methods in this line to those of the native practitioner that the confidence of the native will be gained, and until that has been gained there is no hope of their paying any attention to advice concerning disease prevention.

Education, confidence in European medical skill and consequent confidence in advice about health matters, and an improved economic condition, are the necessary preliminaries to an improvement in the housing, sanitary condition and general welfare of the native.

IV. PORT HEALTH WORK AND SANITATION.

Not applicable.

V. MATERNITY AND CHILD WELFARE.

There is no special organization for dealing with this, but there are a few very gratifying tendencies to be noticed in the attitude of the native woman.

One is that native women are gradually beginning to come into Hospital voluntarily for their confinement. Only a little while ago such a thing was unheard of.

Another is the fact that still larger numbers come to be examined during the course of the later months of pregnancy to find out whether everything is progressing normally and satisfactorily. Yet another is the way pregnant women, who have suffered from syphilis, come along to be treated during pregnancy, and bring their children afterwards for examination and treatment, if that is necessary.

Fortunately, most native women breast-feed their children, but they have a deplorable habit of supplementing it from the very beginning with their maize porridge, even though the natural food is ample.

Where artificial feeding is really necessary, cows' milk is usually used, and it is surprising to find how often a genuine effort is made to keep the bottle clean.

VI. HOSPITAL DISPENSARIES AND VENEREAL CLINICS.

The new Hospital at Mbabane was opened early in October and has been full ever since. It has accommodation for three European patients and twenty natives. It needs further additions before it becomes a thoroughly satisfactory institution. It is a mistake to have the nurses' quarters as part of the Hospital buildings, apart from the fact that the rooms are badly needed for other purposes.

There is a sad lack of a store-rooms and a separate room to be used for confinement is an urgent necessity.

The Hlatikulu Hospital is handicapped very much by lack of sufficient accommodation. Nine beds for native patients, of which only two are available for women, are not nearly enough. The increased volume of work done at Hlatikulu is indicated by the great increase in the number of out-patients, and it is only reasonable to suppose that, if the accommodation were available, there would be a similar increase in the number of in-patients. It is hoped that it will be possible to add another ward to this Hospital next year.

The work done at the Mankaiana Dispensary was practically double that of the previous year. The fact that the dispenser was absent only two months this year, instead of five months as in 1930, only partially accounts for the increase.

I wish to refer here to the excellent work done by the Church of the Nazarene Mission at Bremersdorp with its dispensaries at Stegi and Pigg's Peak, and by the Wesleyan Mission Hospital at Mahamba with its dispensary at Hluti. Both are to be complimented on the high standard of the work performed and the character of the professional attainments of the members of their staff.

The venereal clinics continue to do excellent work. The Mbabane one dealt with about the same number of cases as last year. The Bremersdorp one did a vastly increased amount of work, due largely to the activities of the police in combing out areas in the Stegi district where little work in this line had been done before. A new clinic was opened during the year at Goedgegun in the Hlatikulu district. It is visited once a month by the Medical Officer from Hlatikulu. He states that the natives do not avail themselves of this opportunity for treatment as they might be expected to do, and, like all other medical practitioners in the Territory, he has great difficulty in convincing the natives of the necessity for continuing the treatment of syphilis after all outward signs of the disease have disappeared.

VII. PRISONS AND ASYLUMS.

Mental cases are sent to institutions in the Union of South Africa.

The health of prisoners was, as usual, excellent; undoubtedly it is better than that of similar people living outside prison.

The new Gaol premises at Hlatikulu were completed. Two new cells were built at Stegi, but the accommodation there is still inadequate, as prisoners have still to sleep in the old unventilated wood and iron cells with earthen floors.

VIII. METEOROLOGICAL.

The temperature, rainfall and wind records for Mbabane and Kubuta are to be found in Table IV.

Again, the striking feature of these records is the difference in the rainfall at the two places.

TABLE I.

Dr. R. Jamison	Principal Medical Officer.
Dr. H. Heydenreich	Medical Officer.
Dr. L. M. A. Pilot	Medical Officer.

SUBSIDIZED DOCTORS.

Dr. D. Hynd	Bremersdorp.
Dr. H. Trant	Mahamba.

PRINCIPAL MEMBERS OF THE SUBORDINATE STAFF.

Mr. H. R. Barnard	Hospital Assistant.
Mr. J. O'N. Anderson	Hospital Assistant.
Mr. A. G. Lunnis	Hospital Assistant.
Mrs. Rose	Nurse.
Miss E. E. H. Kuhn	Nurse.

SUBSIDIZED.

Nurse in charge of the Mission Dispensary at Stegi.
Nurse in charge of the Mission Dispensary at Pigg's Peak.

NATIVE STAFF.

Seven male nurses. Four Female Nurses.

PRINCIPAL CHANGES.

Dr. L. M. A. Pilot was appointed as an additional medical officer. He had special training in Public Health and his duties were to be confined largely to work of this nature. His demise after only four months' service was a sad loss both to the service and to the community in general, and was deeply regretted by all classes.

One nurse was appointed during the year. One male and one female nurse were added to the native staff.

TABLE II.

FINANCIAL.

	£	s.	d.
Expenditure:—			
Personal Emoluments	4,615	0	0
Travelling Expenses	817	0	0
Allowances and Fees	117	0	0
Maintenance of Patients	4,086	0	0
Equipment for Hospitals	104	0	0
Uniforms for Native Staff	25	0	0
Total ...	£9,764	0	0
Revenue:—			
Total Receipts	£142	7	6

TABLE III.

Cannot be completed as the only statistics registered are the records of births and deaths of Europeans.

TABLE IV.

METEOROLOGICAL RETURN FOR THE YEAR 1931.

Station—MBABANE.

Long., 31°.09′; Lat., 26°.19′; Alt., 3,800 ft.

Month	Temperature			Rainfall
	Maximum	Minimum	Mean	Inches
January	76·4	58·4	67·4	12·00
February	80·8	58·9	69·8	5·67
March	76·9	55·6	66·2	4·10
April	73·3	54·0	64·0	1·98
May	75·5	46·0	60·8	0·18
June	65·1	40·5	52·8	0·69
July	62·8	40·9	51·8	2·82
August	75·4	44·7	60·0	0·17
September	76·8	47·9	62·4	0·73
October	76·1	53·3	64·7	2·60
November	76·7	54·5	65·6	8·63
December	80·3	57·7	69·0	9·03
				48 60

Station—KUBUTA.

Long., 31°.29′; Lat., 26°.53′; Alt., 2,300 ft.

Month	Temperature			Rainfall
	Maximum	Minimum	Mean	Inches
January	83·4	65·3	74·4	2·20
February	87·7	67·5	77·6	1·60
March	85·5	66·3	75·9	2·04
April	79·1	61·2	70·2	2·26
May	79·4	58·2	68·8	0·00
June	71·6	51·2	61·4	0·02
July	68·5	51·2	59·8	1·61
August	78·7	55·2	67·0	0·02
September	81·1	56·9	69·0	0·06
October	81·8	61·6	71·7	1·13
November	82·7	63·3	73·0	1·40
December	86·7	65·9	76·3	1·47
				13·81

TABLE V.

GOVERNMENT HOSPITAL, MBABANE.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1931.

Diseases	Remaining in Hospital at end of 1930	Yearly Admissions	Total Deaths	Total Cases Treated during Year	Remaining in Hospital at end of Year
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES:—					
Malaria	—	32	—	32	—
Dysentery, Amoebic	—	4	—	4	—
Tuberculosis of Bones and Joints	—	4	1	4	3
Tuberculosis of Glands	1	—	—	1	—
Tuberculosis, Pulmonary and Laryngeal	—	2	—	2	—
Tuberculosis of the Vertebral Column	—	1	1	1	—
Leprosy	—	2	—	2	—
Syphilis	23	123	—	146	18
Gonorrhoea	1	1	—	2	—
Carried forward	25	169	2	194	21

TABLE V. MBABANE HOSPITAL—*continued.*

Diseases	Remaining in Hospital at end of 1930	Yearly Admissions	Total Deaths	Total Cases Treated during Year	Remaining in Hospital at end of Year
Brought forward ...	25	169	2	194	21
II.—GENERAL DISEASES NOT MENTIONED ABOVE:					
Tumours (Non-malignant)	—	2	—	2	1
Acute Rheumatism	—	3	—	3	—
Scurvy	—	2	—	2	—
Pellagra	—	1	—	1	—
Diabetes	—	1	—	1	—
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES:—					
Paralysis	—	1	—	1	1
Epilepsy	—	2	1	2	—
Other Affections of the Organs of Vision:—					
Corneal Ulcer	—	1	—	1	—
Iritis	—	1	—	1	—
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM:					
Myocarditis	—	1	—	1	—
Haemorrhoids	—	2	—	2	—
Phlebitis	—	1	—	1	—
Lymphadenitis (non-specific)	—	1	—	1	—
V.—DISEASES OF THE RESPIRATORY SYSTEM:—					
Diseases of the Nasal Passage, Polypus ...	—	1	—	1	—
Bronchitis (*a*) Acute	—	1	—	1	—
Pneumonia (*a*) Lobar	—	6	1	6	—
VI.—DISEASES OF THE DIGESTIVE SYSTEM:—					
Tonsillitis	—	2	—	2	1
Appendicitis	—	1	—	1	—
Hernia	—	2	—	2	1
Affections of the Anus: Fistula	—	1	—	1	—
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL):—					
Schistosomiasis	—	2	—	2	—
Diseases of the Bladder: Cystitis	1	2	—	3	—
Cysts or other Non-Malignant Tumours of the Ovaries	—	1	—	1	—
Uterine Tumours, non-malignant	—	1	—	1	—
Uterine Haemorrhage	—	2	—	2	—
Metritis	—	8	—	8	1
Displacement of Uterus	—	1	—	1	—
Dysmenorrhoea	—	1	—	1	—
Mastitis	—	1	—	1	—
VIII.—PUERPERAL STATE:—					
Normal Labour	—	6	—	6	1
Puerperal Septicaemia	—	2	2	2	—
Sequelae of Labour: Vesico-Vaginal Fistula ...	—	1	—	1	—
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES:—					
Gangrene	—	2	—	2	—
Boils	—	1	—	1	—
Abscess: Whitlow...	—	1	—	1	—
Cellulitis	—	3	—	3	—
Eczema	1	2	—	3	—
X.—DISEASES OF THE BONES AND ORGANS OF LOCOMOTION:—					
Arthritis	—	2	—	2	—
Other Diseases of Bones and Organs of Locomotion	—	3	—	3	1
XII.—DISEASES OF INFANCY:—					
Other Affections of Infancy: Convulsions ...	—	1	1	1	—
Carried forward ...	27	245	7	272	28

TABLE V. MBABANE HOSPITAL—*continued.*

Diseases	Remaining in Hospital at end of 1930	Yearly Admissions	Total Deaths	Total Cases Treated during Year	Remaining in Hospital at end of Year
Brought forward ...	27	245	7	272	28
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES:—					
Burns (by fire)	—	2	—	2	1
Wounds by Cutting or Stabbing Instruments...	1	13	—	14	—
Wounds by Blows	—	14	—	14	—
Wounds (Crushing)	—	1	—	1	—
Injuries Inflicted by Animals	—	3	1	3	—
Dislocation	—	1	—	1	1
Fractures	3	7	—	10	1
Other External Injuries	—	1	—	1	—
XV.—ILL-DEFINED DISEASES:—					
Ascites	—	1	—	1	—
Asthenia	—	3	1	3	1
DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS	—	1	—	1	—
TOTAL ...	31	292	9	323	32

GOVERNMENT HOSPITAL, HLATIKULU.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1931.

Diseases	Remaining in Hospital at end of 1930	Yearly Admissions	Total Deaths	Total Cases Treated during Year	Remaining in Hospital at end of Year
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES:—					
Enteric Group:—					
Typhoid Fever	2	25	3	27	3
Malaria	—	3	—	3	—
Whooping Cough	—	2	1	2	—
Influenza	—	16	—	16	—
Dysentery, Amoebic	—	5	—	5	—
Anthrax	—	2	—	2	—
Tuberculosis:—					
(*a*) Pulmonary	—	5	1	5	1
(*b*) Vertebral Column	—	4	—	4	—
(*c*) Bones and Joints	—	1	—	1	—
(*d*) Other Organs	—	1	—	1	—
Syphilis	—	5	—	5	—
Septicaemia	—	1	1	1	—
II.—GENERAL DISEASES NOT MENTIONED ABOVE:					
Cancer of the Stomach	—	1	—	1	—
Tumours: Non-malignant	—	1	—	1	—
Acute Rheumatism	—	2	—	2	—
Scurvy	—	1	—	1	1
Diabetes (mellitis)	—	1	1	1	—
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES:—					
Hysteria	—	1	—	1	—
Neuritis	—	2	—	2	—
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM:					
Myocarditis	—	1	—	1	—
Other Diseases of the Heart: Aortic regurgitation	—	1	—	1	—
Carried forward ...	2	78	7	82	5

HLATIKULU HOSPITAL—*continued.*

Diseases	Remaining in Hospital at end of 1930	Yearly Admissions	Total Deaths	Total cases Treated during Year	Remaining in Hospital at end of Year
Brought forward ...	2	78	7	82	5
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM:—					
Bronchitis	—	3	—	3	—
Broncho-Pneumonia	—	1	—	1	—
Pneumonia	—	1	—	1	—
Pneumonia, acute	—	2	—	2	—
VI.—DISEASES OF THE DIGESTIVE SYSTEM:—					
Affections of the Pharynx or Tonsils: Tonsillitis	—	1	—	1	—
Ulcer of the Stomach	—	2	—	2	—
Diarrhoea or Enteritis	—	2	1	2	—
Diseases due to the Intestinal Parasites: Cestode	—	1	—	1	—
Affections of the Anus, Fistula, etc.	—	1	—	1	—
Cirrhosis of the Liver	—	1	—	1	—
Alcoholic	—	1	—	1	—
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL):—					
Acute Nephritis	—	1	—	1	—
Other Affections of the Kidneys: Pyelitis ...	—	7	—	7	—
Diseases of the Bladder: Cystitis	—	1	—	1	—
Diseases of the Prostate: Prostatitis	—	2	—	2	—
Salpingitis	—	2	—	2	—
VIII.—PUERPERAL STATE:—					
Normal Labour	—	6	—	6	—
Accident of Pregnancy: Abortion	—	2	—	2	—
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES:—					
Abscess	—	6	1	6	—
Exfoliative Dermatitis	—	1	—	1	—
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOSIS):—					
Arthritis	—	1	—	1	—
Other Diseases of Bones or Organs of Locomotion...	—	3	—	3	—
XIII.—AFFECTIONS OF OLD AGE:—					
Senility	—	2	—	2	—
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES:—					
Burns (by Fire)	—	7	—	7	—
Wounds (by Firearms)	—	2	—	2	—
Wounds (by Cutting and Stabbing Instruments)	—	29	3	29	—
Wounds (by Machinery)	—	2	—	2	—
Wounds (by Crushing)	—	1	—	1	—
Injuries Inflicted by Animals	—	2	—	2	—
Fracture	—	1	—	1	1
TOTAL	2	177	12	179	6

TABLE VI.

The number of out-patients at Mbabane was 6,797, and at Hlatikulu, 8,230.

The chief diseases were gynoecological affections in women, gastro-intestinal complaints, rheumatism, bronchitis, epilepsy, asthenia, syphilis, and minor injuries in the adults of both sexes, and gastro-intestinal affections, whooping cough and scabies amongst the children.

One thousand eight hundred and eighty-eight out-patients were treated at the Mankaiana Dispensary.

MISSION HOSPITAL, BREMERSDORP.

In-patients	...	452	Out-patients	...	6,114

Dispensaries under the control of this Mission:—

Stegi ... In-patients	...	48	Out-patients	...	1,177
Pigg's Peak ,,	...	80	,,	...	2,433
Endingeni ,,	...	40	,,	...	3,012

MISSION HOSPITAL, MAHAMBA.

In-patients	...	214	Out-patients	...	1,717

Diagrams " A " and " B," representing in graphic form the incidence of infectious and other diseases, and based on the figures of cases treated in the Government Hospitals, Mbabane and Hlatikulu, accompany this Report.

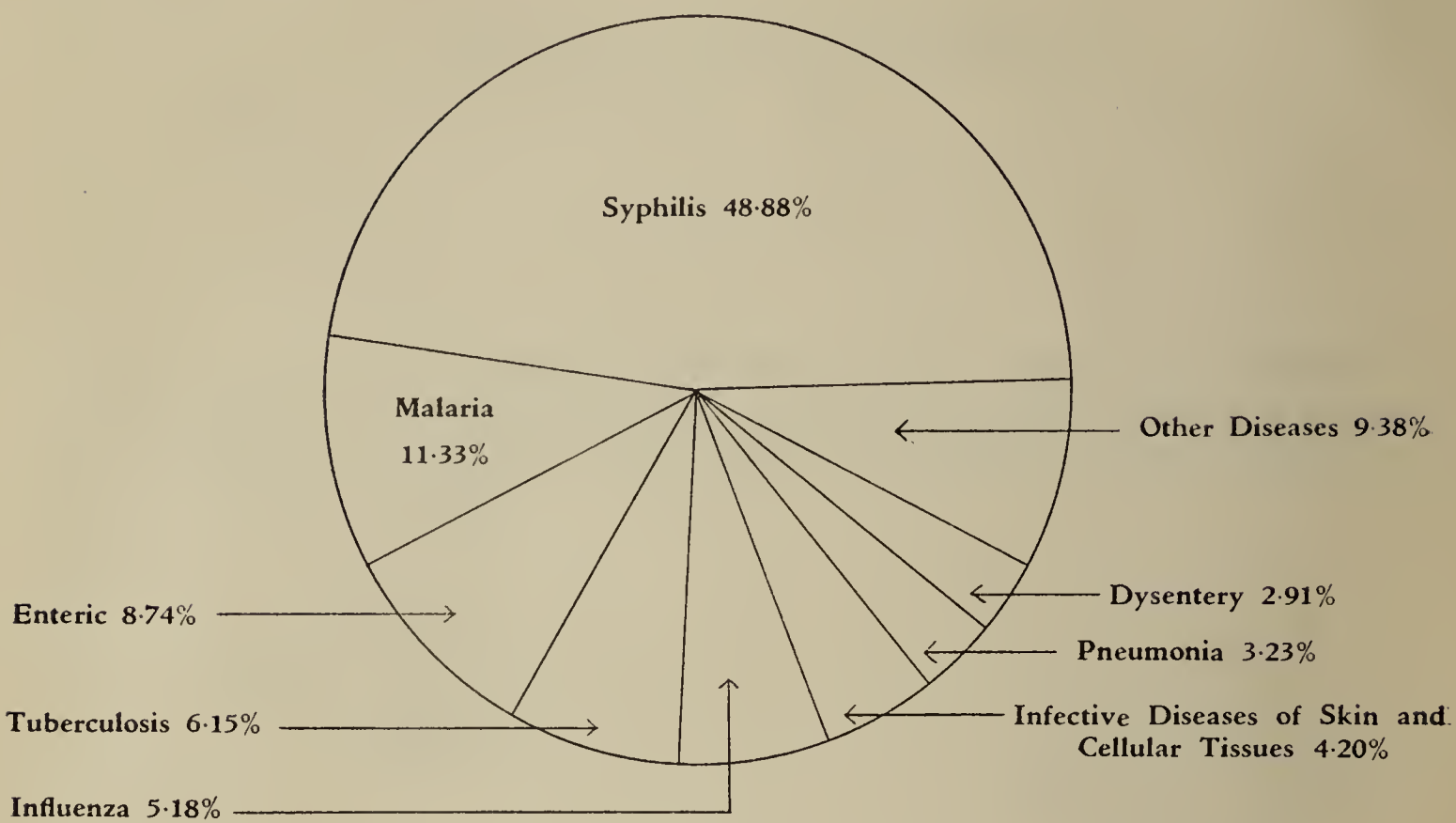
R. JAMISON,
Principal Medical Officer,
Swaziland.

MBABANE, SWAZILAND,
August, 1932.

DIAGRAM " A."

INFECTIVE DISEASES.

Total Incidence, 309.



Total Deaths, 12.

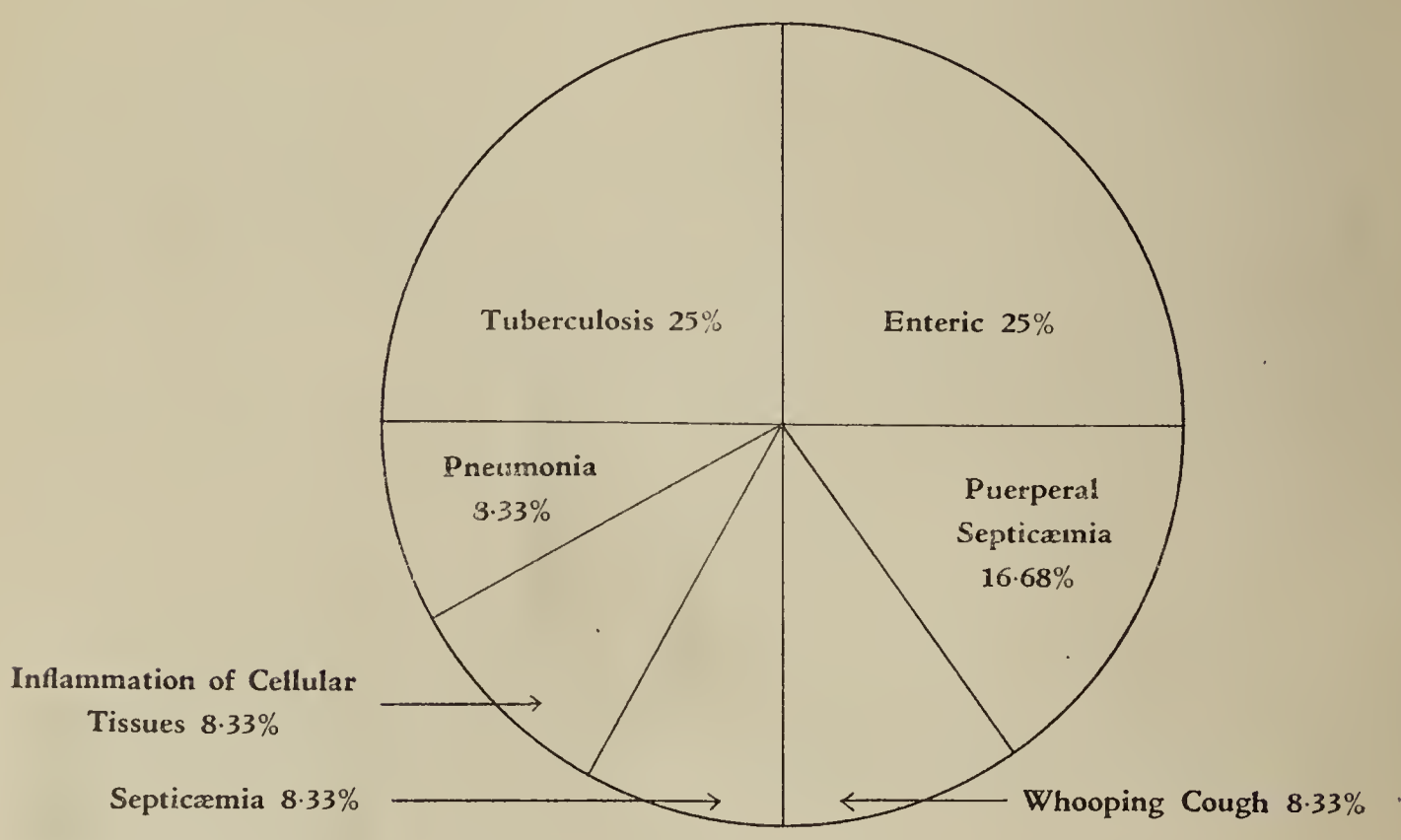
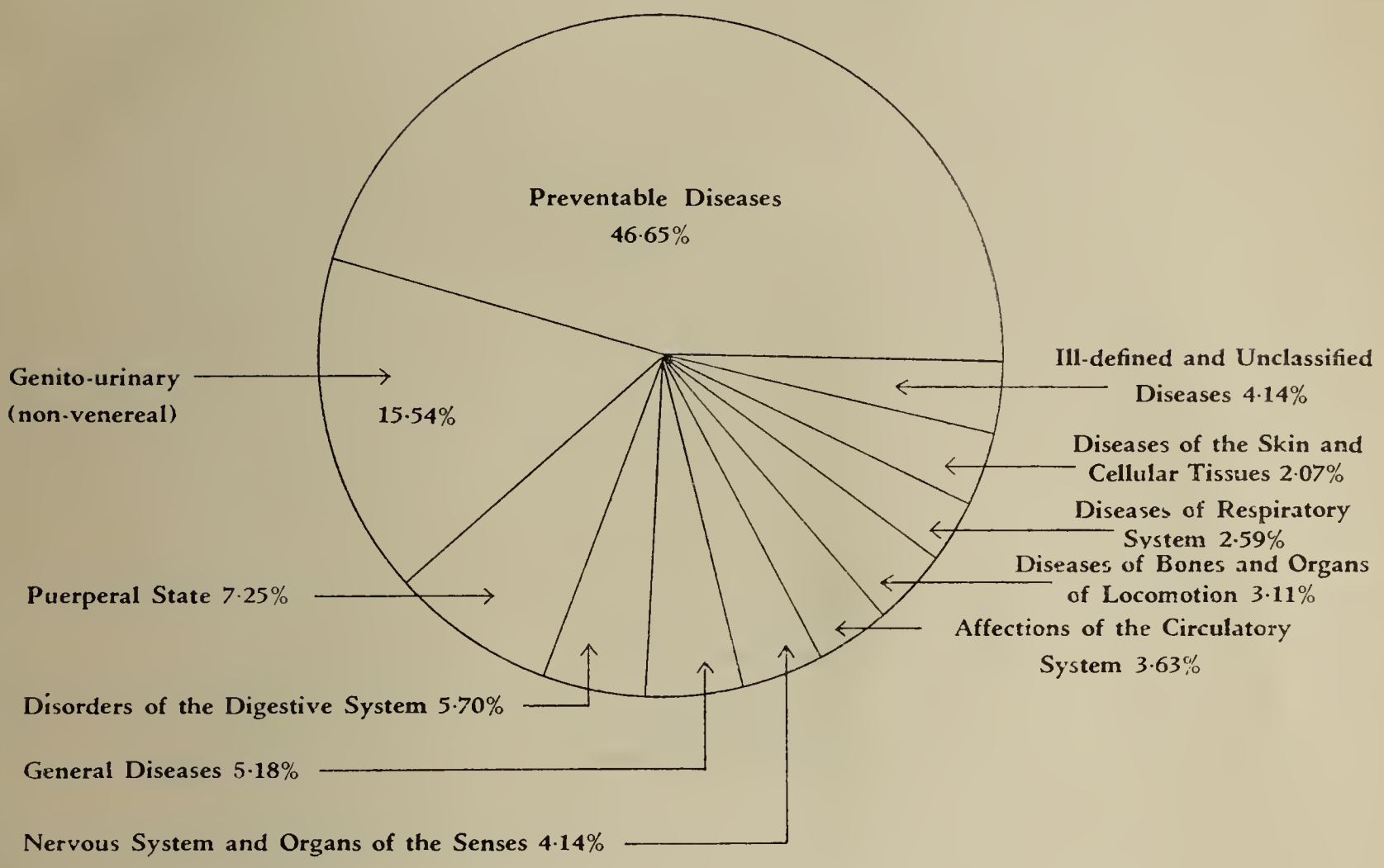


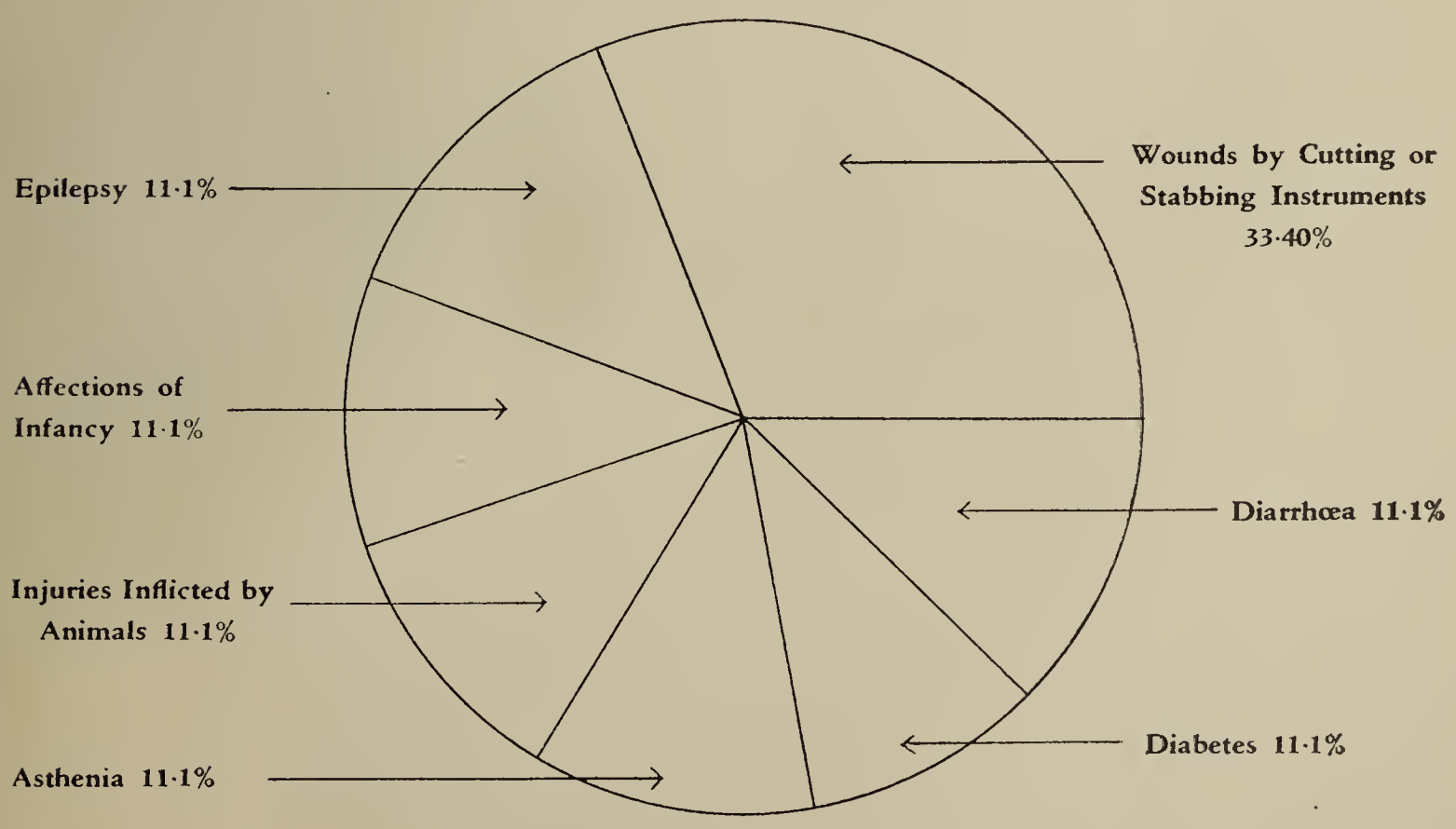
DIAGRAM " B."

GENERAL, SYSTEMATIC AND PREVENTABLE DISEASES.

Total Incidence, 193.



Total Deaths, 9.



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